

273583

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's LimoBEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2017 - 377 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jamaro Yates

Telephone: 864-214-0144

Address: 112 Davenport Rd Apt 333
Simpsonville SC 29680

Fax: 864-214-0144

Other:

Email: JYates@ECEAuto.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

RECEIVED

DEC 19 2017

PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: December 15 2017

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. East Coast Electronics LLC DBA ECE Transportation
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

6008 Augusta Rd Greenville SC 29605
Street Address of Applicant

same
Mailing Address of Applicant (if different from street address)

864-214-0144

Phone

864-474-5945

Fax

TVates@ACEAuto.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text" value="0"/>	Mortgage/Loan on Real Estate	<input type="text" value="0"/>
Value of Motor Vehicles	<input type="text" value="100,000"/>	Loans Owed on Motor Vehicles	<input type="text" value="100,000"/>
Cash on Hand	<input type="text" value="50,000"/>	Business/Other Loans Owed	<input type="text" value="100,000"/>
Cash in Bank	<input type="text" value="15,000"/>	Other Liabilities or Debts	<input type="text" value="0"/>
Value of Other Assets and Equipment	<input type="text" value="200,000"/>	Total Liabilities	<input type="text" value="100,000"/>
Total Assets	<input type="text" value="365,000"/>		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICEProposed Rates and Charges:

\$ 300 Maximum
\$ 35 hour wait time

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☐ 1-7 Passengers, including driver

☒ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Other Ford	2001 F150	1FT2X172X1UB83086	4000	NO

2/18/17 01:07PM Ece Communications ., East Coast Electronics
e 9/24

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INSURANCE QUOTE

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

East Coast Electronics LLC DBA ECE Transportation

Name of Applicant

600 S Augusta Rd Greenville SC 29605

Address of Applicant

Amount of Premium:

Liability Insurance \$ ~~19,000~~ 19,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurance	\$ 1,000,000	
Medical Payments per Person	\$ 1,000	

Webbville / Brian Spears Agency, Inc

Name of Insurance Company

6094 Fairview Rd Simpsonville SC 29681

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

East Coast Electronics LLC
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgments here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE, SUITE 100
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Justin C. Belk

Notary Public

State of South Carolina

My Commission Expires Sept. 25, 2026

Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF Greenville

SWORN TO BEFORE ME

This 16th day of December, 2017

Justin C. Belk

Notary Public

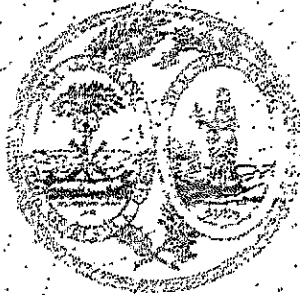
Commission Expires Sept. 25, 2026

Notary Public

Commission Expires Sept 25 2026

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

EAST COAST ELECTRONICS LLC,

a limited liability company duly organized under the laws of the State of South Carolina on June 1st, 2006, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 15th day
of June, 2017.

A handwritten signature of Mark Hammond in cursive script.
Mark Hammond, Secretary of State

2/18/17 01:07PM Ece Communications ., East Coast Electronics
e18/24

8038965199

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jun 15 2017

REFERENCE ID: 170614710284

160913-0106

Filed: 9/13/2016

EAST COAST ELECTRONICS LLC

Filing Fee: \$10.00 ORIG

Mark Hammond

South Carolina Secretary of State

STATE OF SOUTH CAROLINA
SECRETARY OF STATENOTICE OF CHANGE OF (1) DESIGNATED OFFICE,
(2) AGENT FOR SERVICE OF PROCESS, OR
(3) ADDRESS OF AGENT

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to Section 33-44-109 of the South Carolina Code of Laws, as amended, the limited liability company submits the following statement of change.

1. The name of the limited liability company is EAST COAST ELECTRONICS LLC

2. The limited liability company is (check either "a" or "b", whichever is applicable)

☒ a. A South Carolina limited liability company.☐ b. A foreign limited liability company authorized to transact business in South Carolina.

3. (a) The street address of the current designated office in South Carolina is

110 MUSGROVE ST

Street Address

CLINTONLAURENS29325-2350

City

County

Zip Code

(b) The name of the company's current agent for service of process is

JAMARLO YATES

Name

(c) The street address of the current agent for service of process in South Carolina is

110 MUSGROVE ST

Street Address

CLINTON29325-2350

City

Zip Code

4. ☒ The Company is changing the address of the agent for service of process.

The street address to which agent for service of process in South Carolina is to be changed is

524 S MAIN ST

Street Address

SIMPSONVILLE29681-3220

City

Zip Code

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AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jun 15 2017

REFERENCE ID: 1706141710284

EAST COAST ELECTRONICS LLC

Name of Limited Liability Company

5. ☒ The Company is changing the address of its designated office.

The address to which the designated office in South Carolina is to be changed is

524 S MAIN ST

Street/Address

SIMPSONVILLE

29681-3220

City

Zip Code

6. ☐ The Company is changing its agent for service of process.

The name of the new agent for service of process is

Name

Signature of new agent

7. Unless a delayed date is specified, this application will be effective when endorsed for filing by the Secretary of State.

Specify any delayed effective date and time: 9/13/2016

Date: 9/13/2016

See attached signature page.

Signature

JAMARLO YATES

Name

MANAGER

Capacity

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e20/24

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Jun 15 2017

REFERENCE ID: 1706141710284



South Carolina Business One Stop (SCBOS)
Signature Page for the South Carolina Secretary of State

LIMITED LIABILITY COMPANY

Type of Filing: **NOTICE OF CHANGE OF: DESIGNATED OFFICE and ADDRESS**
OF AGENT

Complete this page and submit it to the SC Secretary of State via fax, e-mail or as an attachment through SCBOS

Limited Liability Company Name:

East Coast Electronics LLC

Signature of Member or Manager and new Agent:

Jamarcus Yates
LLC Member or Manager Name

Jamarcus Yates
Agent Name

Jamarcus Yates
Signature
Jamarcus Yates
Signature

If you chose to scan and uploading this signature page through SCBOS, please use the following file formats only: Adobe PDF, GIF, or JPEG extensions.)

OR:

FAX to: (803) 734-1610

E-mail to: SCBOS@sos.sc.gov

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e21/24

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AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Jun 15 2017

REFERENCE ID: 1706141710284

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended

1 The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is East Coast Electronics LLC

2 The address of the initial designated office of the Limited Liability Company in South Carolina is

110 Musgrave Street
Street Address
Clinton S.C. 29325
City Zip Code

3 The initial agent for service of process of the Limited Liability Company is

James Yates James Yates
Name Signature

and the street address in South Carolina for this initial agent for service of process is

110 Musgrave Street
Street Address
Clinton S.C. 29325
City Zip Code

4 The name and address of each organizer is

(a) James Yates
Name
110 Musgrave Street
Street Address
Clinton S.C. 29325
City State Zip Code

(b) Anthony Remore
Name
110 Musgrave Street
Street Address
Clinton S.C. 29325
City State Zip Code

(Add additional lines if necessary)

5 ☐ Check this box only if the company is to be a term company. If so, provide the term specified

060501-0328 FILED 06/01/2006
EAST COAST ELECTRONICS LLC

Filing Fee \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

ACCEPTED FOR PROCESSING - 2017 December 19:8:45 AM - SCPSC - 2017-377-T - Page 14 of 21

2/18/17 01:07PM Ece Communications ., East Coast Electronics
e22/24

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ORIGINAL ON FILE IN THIS OFFICE

Jun 15 2017

REFERENCE ID: 1706141710264

East Coast Electronics LLC
Name of Limited Liability Company

- 8 Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.
- 9 Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
- 10 Signature of each organizer
Germardo Soto
(Add Additional lines if necessary)
- Date 6-1-06

FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to Secretary of State
P O Box 11350
Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

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e23/24

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ORIGINAL ON FILE IN THIS OFFICE

Jun 15 2017

REFERENCE ID: 1706141710284

East Coast Electronics LLC
Name of Limited Liability Company

- 6 ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager.

(a)

Name

Street Address

City

State

Zip Code

(b)

Name

Street Address

City

State

Zip Code

(c)

Name

Street Address

City

State

Zip Code

(d)

Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

7

- ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

2/18/17 01:07PM Ece Communications ., East Coast Electronics
e15/24

8038965199

HARTFORD FIRE INSURANCE CO

PO BOX 33015

SAN ANTONIO TX 78265

EAST COAST ELECTRONICS LLC DBA CABLE

EXPERTS DBA LOWER STATE COMMUNICATIONS

524 S MAIN ST

SIMPSONVILLE SC 29681

ACCEPTED FOR PROCESSING - 2017 December 19 8:45 AM - SCFSC - 2017-377-T - Page 17 of 21

2/18/17 01:07PM Ece Communications ., East Coast Electronics
e16/24

8038965199

Maximum Tax

THIS LICENSE MUST
BE PUBLICLY
DISPLAYED AS
PROVIDED BY LAWSTATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
RETAIL LICENSETHIS LICENSE IS NEITHER
TRANSFERABLE NOR
ASSIGNABLE
BEFORE POSTING READ
INSTRUCTIONS BELOWST-1
(Rev. 28-Jan-2016)
5000

OWNER NAME AND BUSINESS LOCATION:

EAST COAST ELECTRONICS LLC

LICENSE MUST BE RETURNED
FOR ALL CHANGES AND/OR
CLOSE OF BUSINESS6008 AUGUSTA RD
GREENVILLE SC 29605-3612ECE AUTOMOTIVE
6008 AUGUSTA RD
GREENVILLE SC 29605-3612INDUSTRY
TYPEEFFECT
DATE

LICENSE NUMBER

27-Apr-2017

Letter ID:

TRADE NAME AND MAILING ADDRESS

THIS LICENSE IS VALID FOR ABOVE LOCATION ONLY. CHANGE OF LOCATION OR OWNERSHIP REQUIRES NEW LICENSE.

EACH PLACE OF BUSINESS MUST BE LICENSED SEPARATELY

File Greenville Greenville 2362

This retail license is issued pursuant to Article 5, Chapter 36, Title 12, Code of Laws of South Carolina, 1976, as amended. The retail license is valid so long as the person to whom it is issued continues in the same business at the same location as shown on license, unless revoked by the Department of Revenue for cause. It is presumed that a retailer is not continuing in the same business and must surrender the retail sales license if the retailer has no retail sales for twenty-four consecutive months. To allow the license to remain valid, the retailer may submit an affidavit to the department swearing that the business is continuing. If the business is closed, moved or sold, the licensee must complete the questions listed below and return this license to the SC Department of Revenue, PO Box 125, Columbia, SC 29214.

IF THERE ARE ANY QUESTIONS REGARDING THIS LICENSE, CONTACT THIS DIVISION AT (803) 896-1350

OUT OF BUSINESS OR CHANGE OF OWNERSHIP (Also complete C-278)

DATE OF CLOSING OR SALE

NEW FIRM NAME

NEW OWNER'S NAME OR NAMES

CHANGE OF ADDRESS AND/OR TRADE NAME (Also complete SC-8822)

IF BUSINESS LOCATION CHANGES, RETURN THIS LICENSE AND COMPLETE CHANGE OF ADDRESS/BUSINESS LOCATION FORM ST-8822.
IF BUSINESS IS MOVED OR THE TRADE NAME IS CHANGED, GIVE THE:

NEW TRADE NAME

DATE BUSINESS MOVED

NEW LOCATION ADDRESS

BUSINESS MUNICIPAL LIMITS

MAILING ADDRESS

NEW TELEPHONE NUMBER



INSTRUCTIONS

This is your new license. Please fold on the above perf marks and display in a conspicuous place.

If you have any questions concerning this license, please call the SC Department of Revenue (803) 896-1350.

If the business is closed, moved, or sold, please complete the form above and return it with the original license to:

South Carolina Department of Revenue
Registration Unit
P O Box 125, Columbia, SC 29214

2/18/17 01:07PM Ece Communications , East Coast Electronics
013/24

8038965199

BUILDING SAFETY DIVISION
301 UNIVERSITY RIDGE STE 4100
GREENVILLE SC 29601

C E R T I F I C A T E O F U S E A N D O C C U P A N C Y

P E R M A N E N T

Issue Date 5/22/17

Parcel Number 0377.00-12-015.00

Property Address 6008 AUGUSTA RD
GREENVILLE SC 29605

Subdivision Name

Legal Description AUGUSTA RD LOT 15

Property Zoning C-2 - HIGHWAY COMM DIST

Construction type IBC TYPE V B

Flood Zone OUTSIDE FLWAY & FLPLAIN

Edition of code INTERNATIONAL CODES 20

Occupancy type BUSINESS

Occupancy load .00

Interior Sprinklers NO

Tenant Number/Name ECE AUTOMOTIVE

Application Descr EAST COAST ELECTRONICS LLC DBA ECE AUTOMOTIVE

Contractor:

Owner:
GREENVILLE CENTER LLC
601 HERITAGE DR #402
JUPITER FL 33458

Application number

Description of Work

CHANGE OF TENANT/NO PLAN REVIEW

Approved

Herb Yingling /Building Official

Rick Merck /Deputy Building Official

Approved

Zoning Administrator

Kristopher Kurjaka

The described portion of the structure has been inspected for compliance with the requirements of this code for the occupancy and division of occupancy and the use for which the proposed occupancy is classified.

THIS CERTIFICATE VOID UNLESS OFFICIAL SEAL AFFIXED
AND SIGNED BY BUILDING OFFICIAL

2/18/17 01:07PM Ece Communications , East Coast Electronics

014/24

CERTIFICATE OF LIABILITY INSURANCE

ADD
R001DATE (MM/DD/YYYY)
2/14/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT	
HARTFORD FIRE INSURANCE CO		NAME:	
250765 P: F:		PHONE (A/C, No, Ext):	
PO BOX 33015		FAX (A/C, No):	
SAN ANTONIO TX 78265		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		NAIC#	
		INSURER A: Sentinel Ins Co LTD	
		11000	
		INSURER B: Hartford Fire Ins Co	
		19682	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

DNR	TYPE OF INSURANCE	ADDL DNR	SUBR DNR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			76 SBU RU3901	02/03/2017	02/03/2018	EACH OCCURRENCE
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						\$1,000,000
	General Liab	X					DAMAGE TO RENTED PREMISES (Ea occurrence)
							\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$10,000
	OTHER:						PERSONAL & ADV INJURY
							\$1,000,000
							GENERAL AGGREGATE
							\$2,000,000
							PRODUCTS - COMP/OP AGG
							\$2,000,000
A	AUTOMOBILE LIABILITY			76 SBU RU3901	02/03/2017	02/03/2018	COMBINED SINGLE LIMIT (Ea accident)
	ANY AUTO OWNED AUTOS ONLY						\$1,000,000
	X HIRED AUTOS ONLY	X					BODILY INJURY (Per person)
							\$
							BODILY INJURY (Per accident)
							\$
							PROPERTY DAMAGE (Per accident)
							\$
A	UMBRELLA LIAB	X		76 SBU RD3901	02/03/2017	02/03/2018	EACH OCCURRENCE
	EXCESS LIAB						\$3,000,000
		CLAIMS-MADE					AGGREGATE
							\$3,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			76 WEG GD2062	02/03/2017	02/03/2018	X PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					
							E.L. EACH ACCIDENT
							\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE
							\$1,000,000
							E.L. DISEASE - POLICY LIMIT
							\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER

Metro-Tech Systems, Inc. and
Master Telecommunications Inc
3005 CHAMBER DR
MONROE, NC 28110

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

For Madison

2/24/24

ACORD

CERTIFICATE OF LIABILITY INSURANCE

JTM
R054DATE (MM/DD/YYYY)
5/1/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME	
HARTFORD FIRE INSURANCE CO		PHONE (A/C, No, Ext):	
250765 P: F:		FAX (A/C, No):	
PO BOX 33015		E-MAIL ADDRESS:	
SAN ANTONIO TX 78265		INSURER(S) AFFORDING COVERAGE	
		NAIC#	
		INSURER A: Sentinel Ins Co LTD	
		11000	
		INSURER B: Hartford Fire Ins Co	
		19682	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED EAST COAST ELECTRONICS LLC DBA CABLE EXPERTS DBA LOWER STATE COMMUNICATIONS 524 S MAIN ST SIMPSONVILLE SC 29681

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	76 SBU RU3901	02/03/2017	02/03/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		76 SBU RU3901	02/03/2017	02/03/2018	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEC <input checked="" type="checkbox"/> RETENTION \$10,000		76 SBU RU3901	02/03/2017	02/03/2018	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NM) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	76 WEG GD2062	02/03/2017	02/03/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy. RE: 6008 Augusta Rd, Greenville, SC 29605

CERTIFICATE HOLDER

GREENVILLE CENTER LLC
46 PRINCE ST
ROCHESTER, NY 14607

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Tar Taillon